

JC932 U.S. PTO  
09/29/00

10-02-00

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PTO/SB/05 (2/98)

Approved for use through 09/30/00. OMB 0651-0032

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JC932 U.S. PTO  
09/29/00

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	042390.P9428
First Inventor or Application Identifier	Jeffrey L Rabe
Title	FRONT SIDE BUS INTERRUPT DELIVERY AND RE-DIRECTION
Express Mail Label No.	EM560647396US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

- |   |  |   |
|---|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)  | 5  | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)                    |
| 2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages</span>   | <span style="border: 1px solid black; padding: 2px;">15</span> | 6. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) |
| <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>  |  |   |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets</span>   | <span style="border: 1px solid black; padding: 2px;">5</span>  | a. <input type="checkbox"/> Computer Readable Copy                                    |
| 4. Oath or Declaration  | <span style="border: 1px solid black; padding: 2px;"> </span>  | b. <input type="checkbox"/> Paper Copy (identical to computer copy)                   |
| <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 16 completed)</li> </ul>  |  |   |
| <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting<br/>inventor(s) named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>  |  |   |
| <p><b>*NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b></p>  |  |   |
| <p>5. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>6. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>7. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>9. <input type="checkbox"/> Preliminary Amendment</p> <p>10. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>11. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>12. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>13. <input type="checkbox"/> Other: .....</p> |  |   |

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

Customer Number of Bar Code Label   or  Correspondence address below  
(Insert Customer No. or Attach bare code label here)

Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type) Eric S. Hyman, Reg. No. 30,139

Signature  Date 09/29/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 1997.  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
 See 37 C.F.R. §§ 1.28 and 1.29.

TOTAL AMOUNT OF PAYMENT (\$)

1182.00

**Complete If Known**

Application Number	
Filing Date	09/29/00
First Named Inventor	Jeffrey L Rabe, et al.
Examiner Name	
Group Art Unit	
Attorney Docket Number	042390.P9428

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance.

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION** (continued)**3. ADDITIONAL FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205 Surcharge - late filing fee or oath	
127	50	227 Surcharge - late provisional filing fee or cover sheet.	
139	130	139 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920	112 920 Requesting publication of SIR prior to Examiner action	
113	1,840	113 1,840 Requesting publication of SIR after Examiner action	
115	110	215 Extension for response within first month	
116	380	216 Extension for response within second month	
117	870	217 Extension for response within third month	
118	1,360	218 680 Extension for response within fourth month	
128	1,850	228 925 Extension for response within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	260	221 130 Request for oral hearing	
138	1,360	138 1,360 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidably	
141	1,210	241 605 Petition to revive - unintentionally	
142	1,210	242 605 Utility issue fee (or reissue)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	760	246 380 Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249 380 For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

SUBTOTAL (1) (\$ 690.00)

2. EXTRA CLAIM FEES		Fee from Extra Claims below	Fee Paid
Total Claims	30	-20** = 10 X \$18.00 = 180.00	
Independent Claims	7	-3** = 4 X \$78.00 = 312.00	
Multiple Dependent			

\*\* or number of previously paid, if greater; For Reissues, see below

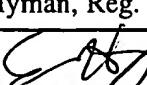
Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee Description
103	18	203	9 Claims in excess of 20
102	78	202	39 Independent claims in excess of 3
104	270	204	135 Multiple Dependent claim
109	78	209	39 **Reissue independent claims over original patent
110	18	210	9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 492.00)

SUBTOTAL (3) (\$)

Reduced by Basic Filing Fee Paid

**SUBMITTED BY****Complete (if applicable)**

Typed or Printed Name	Eric S. Hyman, Reg. No. 30,139	Reg. Number	
Signature		Date	09/29/00

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